



# CITY OF ATLANTA-OFFICE OF REVENUE

## BUSINESS TAX RENEWAL FORM

55 Trinity Avenue, SW Suite 1350 Atlanta, Georgia 30303 • Office (404) 330-6270 • [www.atlantaga.gov](http://www.atlantaga.gov) or <https://web.atlantaga.gov/blis> to renew online

**A \$500 PENALTY WILL BE ASSESSED FOR FAILURE TO FILE RENEWAL BY FEBRUARY 15**

(1) DBA/TRADE NAME:	(2) Corporation    LLC    Sole Proprietor    Partnership    Other	PIN	Tax Class	SIC Code	Business Tax No.
(3) Location:	Business Telephone:	Sales Tax ID #	Federal EIN:	State Tax ID #	
(4) Corporate Name:	Corporate Address:	Corporate Telephone:			
(5a) Is this a residential business? <b>Yes</b> <b>No</b> (Please check one. Do not leave blank)					
(5b) Business E-Mail:					

### \*OWNER/MANAGER IS RESPONSIBLE FOR REPORTING ALL CHANGES TO YOUR BUSINESS\*

(6) RENEWAL <input type="checkbox"/>	FINAL:    SOLD    CLOSED	CHANGES (COMPLETE LINE 9) <input type="checkbox"/>
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#### \*\*\*\*\*RENEWAL\*\*\*\*\*

If you are renewing please check the renewal box (line 6), fill in the prior year gross revenue and number of employees (line 7), sign and date the form (line 14) and return in enclosed envelope. Do not leave gross revenue or number of employees blank. If no gross revenue earned, then indicate \$0. Out of state businesses with no Georgia location must report Atlanta revenue only. All businesses are subject to Audit. Pursuant to City Ordinance Chapter 30-85, businesses must attach a copy of prior year applicable tax return (IRS forms 1120, 1065, or Georgia Forms 500 through 700).

(7) IF RENEWAL	PRIOR YEAR ACTUAL GROSS REVENUE: (Report Georgia Revenue Only)	NUMBER OF EMPLOYEES:
(8) IF FINAL/CLOSED, ENTER ACTUAL GROSS REVENUE AND EMPLOYEES HERE: GROSS REVENUE NUMBER		DATE SOLD/CLOSED:
OF EMPLOYEES		
(9) CHANGES: Please list change and circle one to indicate appropriate change to: (a) business name, (b) mailing address, (c) telephone number, (d) <b>Prior to a location change, Zoning Approval is required in person.</b>		

### PLEASE LIST PRINCIPAL OFFICERS OF BUSINESS

(10) Name	Address	Title	Phone	SS#
(11) Name	Address	Title	Phone	SS#
(12) Name	Address	Title	Phone	SS#

(13) CERTIFICATION – THE INFORMATION HEREIN IS REQUIRED BY SECTION 30-68 CODE OF ORDINANCES OF CITY OF ATLANTA, GEORGIA. I (NAME) \_\_\_\_\_  
BEING THE (TITLE) \_\_\_\_\_ OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACT IVITY OF  
(TYPE OF BUSINESS) \_\_\_\_\_ Fax \_\_\_\_\_ Emergency Contact Telephone \_\_\_\_\_

(14) According to the classification index of the business tax ordinance, City of Atlanta, Georgia; the undersigned certifies that he is the person duly authorized by the business herein named to file this registration and application for a business license, including the accompanying schedules and statements, and that the same are true.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CITY OF ATLANTA ZONING DIVISION USE ONLY ZONING APPROVAL \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DENIED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CONDITIONS \_\_\_\_\_ LOT \_\_\_\_\_ DIST \_\_\_\_\_ ZONING DIST. \_\_\_\_\_

PARCEL ID # \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**



## City of Atlanta Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Atlanta, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta, Business License or Georgia occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

\_\_\_\_\_  
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) \_\_\_\_\_ I am a United States Citizen

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
DAY OF \_\_\_\_\_, 20

Notary Public

\*Alien Registration number for non-citizens

\*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number:

(Other Identifying Number) \_\_\_\_\_